

## **State Mental Health Planning and Advisory Council**

### **Membership Requirements**

The Washington State Mental Health Planning and Advisory Council (also referred to as “the Planning Council”) and its subcommittees operate under Public Law 102-321 and meet all of the MHPAC requirements set forth therein and by this grant. The MHPAC is comprised of >51% consumers, family members, and advocates, with the remaining members meeting and exceeding the requirement for state and other representation from Social Services, Housing, Vocational Rehabilitation, Department of Corrections, Office of Superintendent of Public Instruction, Children’s Administration, and advocates for the homeless population, older adults, and ethnic Minorities.

| <b>Name of Member</b>                | <b>Type of Membership</b>  | <b>Agency or Organization Representation</b>   |
|--------------------------------------|--|--|
| <b>1. Thressa Alston</b>             | Advocate   | Ethic Minority Sub-committee, Program and Planning   |
| <b>2. Graydon Andrus</b>             | Provider   | Homeless populations representative  |
| <b>3. Jeanette Kay Barnes</b>        | Consumer<br>Family Advocate<br>Custody of child w/SED            | Co-chair Children’s Sub-committee  |
| <b>4. Rebecca Bates</b>              | Consumer<br>Family Advocate<br>Parent of minor children with SED | Children’s Sub-committee   |
| <b>5. Roger Bauer</b>                | Provider   |  |
| <b>6. Chuck Benjamin, Vice-Chair</b> | Provider   | Regional Support Network, Chair of Legislative Sub-committee,  |
| <b>7. Lou Colwell</b>                | State Employee   | Office of Superintendent of Public Instruction, Special Education representative, Program and Planning |
| <b>8. B.J. Cooper</b>                | Consumer   | Legislative Sub-committee  |
| <b>9. Rick Crozier</b>               | Provider   | Chair of Older Adult Sub-committee, Program and Planning   |

| <b>Name of Member</b>              | <b>Type of Membership</b>                 | <b>Agency or Organization Representation</b>  |
|------------------------------------|---|---|
| <b>10. Kelly Egan</b>              | State Employee                            | Department of Corrections representative  |
| <b>11. Holly Elsten</b>            | Parent of minor child with SED, Advocate  |   |
| <b>12. Danny Eng</b>               | State Employee                            | Division of Vocational Rehabilitation representative                                      |
| <b>13. Diane Eschenbacher</b>      | Consumer, Advocate                        |   |
| <b>14. Lenora A. Warden</b>        | Consumer                                  |   |
| <b>15. Joann Freimund, Chair</b>   | Advocate                                  | Chair of MHPAC, Program and Planning Sub-committee  |
| <b>16. Michael Haan</b>            | Consumer                                  | Legislative Sub-committee   |
| <b>17. Diana Jaden-Catori</b>      | Consumer                                  | Legislative Sub-committee   |
| <b>18. Douglas Johnson</b>         | Provider                                  | Chair Sexual Minorities Sub-Committee, Program and Planning Sub-committee                 |
| <b>19. Brett Lawton</b>            | State Employee                            | Division of Program and Policy (Formerly identified as Medical Assistance Administration) |
| <b>20. Candise Manke</b>           | Family member of person with SMI Advocate |   |
| <b>21. Cathii Nash, Vice Chair</b> | Consumer Family Advocate                  | Legislative Sub-committee Program and Planning Sub-committee                              |
| <b>22. Steve Norsen</b>            | State Employee                            | Mental Health Division  |
| <b>23. Eleanor Owen</b>            | Family Advocate                           | Program and Planning Sub-committee  |
| <b>24. Andy Pascua</b>             | Advocate                                  | Chair of Ethnic Minority Sub-committee  |

| <b>Name of Member</b>          | <b>Type of Membership</b>                                    | <b>Agency or Organization Representation</b>                                      |
|--------------------------------|--|---|
| <b>25. Barbara Putnam</b>      | State Employee   | Children's Administration<br>Children's<br>Sub-committee,<br>Program and Planning |
| <b>26. Dorothy Trueblood</b>   | Parent of minor child with<br>SED                            |   |
| <b>27. Barbara St. Louis</b>   | Parent of minor child<br>with SED                            | Children's<br>Sub-committee   |
| <b>28. Cindy Ashley-Nelson</b> | Consumer   | Program and Planning subcommittee   |
| <b>29. Ron McCoy</b>           | Parent of minor child with<br>SED                            |   |
| <b>30. Annie Conant</b>        | State Employee   | Housing Representative  |
| <b>31. JoEllen Woodrow</b>     | Consumer   |   |
| <b>Bronwyn Vincent</b>         | State Employee<br>MHD staff to the committee<br>(non-member) | Mental Health Division  |

The Planning Council has successfully recruited new members from its Standing Subcommittees. For example, if the Planning Council needs a new member who is a parent of a minor child with a serious emotional disturbance, a request is made to the Children's Treatment and Services Subcommittee to make a recommendation. This has resulted in new members having a greater knowledge of the Planning Council Goals and how it operates.

The Mental Health Planning and Advisory Council established the following Vision, Mission and Goals to guide the work of the council:

## **VISION:**

**Plan, Advocate, Evaluate**

## **MISSION:**

To advocate for a system that supports persons impacted by mental disorders on their journeys to achieve the highest quality of life possible by promoting evidence-based, cost-effective, individualized mental health services.

## **GOALS:**

The Goals of the Mental Health Planning and Advisory Council shall be to transform the mental health system consistent with the goals of the President's New Freedom Commission on Mental Health, as follows:

### **Primary Goals:**

- A. Washington State residents acknowledge that mental health is essential to overall health.
- B. Mental health care is consumer and family driven.
- C. Disparities in mental health services are eliminated.
- D. Early mental health screening, assessment and referral to services are common practice.
- E. Excellent mental health care is delivered and research is accelerated.
- F. Technology is used to access mental healthcare and information

### **Other Goals:**

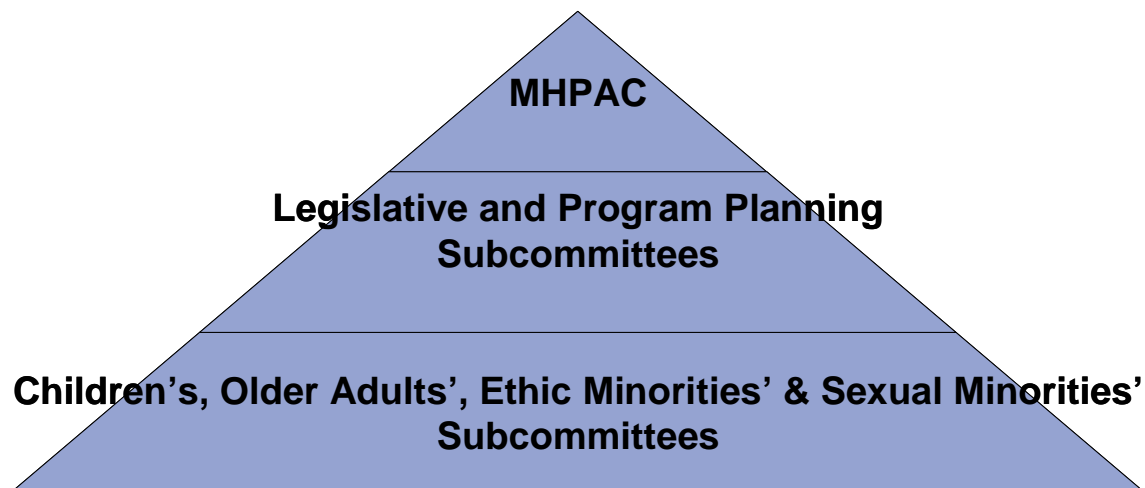
- A. Oversee the Federal Block Grant, including recommending the plan, amendments and reports submitted by the Mental Health Division to the Center for Medicaid and Medicare Services.
- B. Develop and take advocacy positions concerning legislation, funding and regulations affecting mental health services through the use of mental health statistics for decision making and planning.
- C. Support and advocate for quality, cost effective and individualized consumer/family based services through evidence based best practice models of

- care. Support research and use of promising practices through continuous quality improvement.
- D. Promote optimal functioning for consumers across the life domains by removing barriers to services. The Council's focus will be education for children; supported employment for adults; and/or meaningful daily activities for older adults.
  - E. Support education about mental illness and other mental disorders in an effort to reduce stigma.

As a result of Planning Council trainings and attendance to national conferences, the Planning Council has reorganized its structure to establish the following Standing Subcommittees to carry-out its mission and to meet its goals:

- Legislative/Administrative Subcommittee,
- Program/Planning Subcommittee,
- Children's Treatment and Services Subcommittee,
- Sexual Minority Treatment and Services Subcommittee,
- Older Adult Treatment and Services Subcommittee, and
- Ethnic/Cultural Minorities Treatment and Services Subcommittee.

For communication purposes, the Planning Council is at the apex of a triangle. The Legislative and Program/ Planning Subcommittees are the next step down. The four remaining Subcommittees form the base of the triangle.



NOTE: Planned for 2007 is the addition of an Adult Consumer Subcommittee.

A representative of each Standing Subcommittee is designated in the Bylaws as a member of the Planning Council. Each Standing Subcommittee is charged by the Planning Council to focus their attention on the implementation of the Goals and Purpose of the Planning Council. Therefore, on the Planning Council Meeting Agenda, Subcommittee reports reflect the Planning Council Goal being discussed or implemented.

Through the trainings the MHPAC has received from the National Association of Mental Health Planning and Advisory Council and the National Technical Assistance Center for State Mental Health Planning, the Council has been infused with a thorough understanding of the President's New Freedom Commission on Mental Health report, *Achieving the Promise: Transforming Mental Health Care in America*. As a direct result, the MHPAC changed its Bylaw goals to include the New Freedom Commission goals as well as other MHPAC goals outlined above.

Further related to this increased expertise has been the MHPAC's focus on increasing consumer and family involvement at the onset of all MHD policy, planning, and implementation endeavors. This has led to a change of culture at the Division which supports the common goal of improving the quality of life for adults with severe mental illness and children with serious emotional disturbances.

In an effort to further the development of MHPAC skills and knowledge related to MHBG and national trends, MHD supported six (6) MHPAC members in attending the Joint National Conference on Community Mental Health Block Grants and Mental Health Statistics held in Washington, DC May 30<sup>th</sup> – June 2<sup>nd</sup>, 2006. This was a terrific opportunity for the Council members, who not only gained resources and expertise, but who provided valuable input to the conference through their participation. Before listing the accomplishments of the MHPAC over the last year, it should be noted that the work of the sub-committees has served not only to forward the mission and goals of the MHPAC, but to bring greater awareness and understanding to their representative populations through advocacy as well as sponsorship of conferences, trainings, and community education projects.

The following is a list of the MHPAC accomplishments for 2004-2005:

- Ongoing monitoring of the MHBG including considerably increased input into the MHBG applications, Implementation Reports, the RSN contracts and Modification Requests since 2005. Specific to the latter, the Council voted *not* to recommend the Division's use of FFY 2005 Modification funds for the Mentally Ill Offenders (MIO) program. The Council's reasoning was that doing so would continue the legislatively mandated use of MHBG monies without consultation of the Council which is federally mandated to oversee MHBG funds.
- Formation of a Council Ad Hoc Sub-committee to review MHD's Strategic Plan. This resulted in a complete revision of the plan to include the six goals of the President's New Freedom Commission, other state related strategies, and quantifiable measures with direct accountability.
- Involvement in the Governor's team for Washington's Transformation Grant application and subsequent appointment to the Governor's Transformation Work Group.
- Formation of a Council Ad Hoc Sub-committee to work with MHD in the

creation of the current RSN/MHD contracts for Pre-paid Inpatient Health Plan services to Medicaid enrollees and the RSN/MHD contract for services funded with “state only” dollars. Again, the purpose was to incorporate the President’s New Freedom Commission goals and to ensure that consumer, family, and advocate voice was clearly heard from the beginning in the very important process of culture change.

- On-going involvement with the Mental Health Task Force (MHTF), including giving testimony on the Council’s opinion about how to prioritize the use of state only funds afforded to the mental health system. Ultimately, the Legislature provided over \$80 million dollars to ease the losses related to revisions in the use of Medicaid savings for non-Medicaid consumers and services.
- Active monitoring and support by the Legislative Sub-committee on the Mental Health Parity bill which was passed this session, as well as other important pieces of legislation aimed at reforming the public mental health system. The President’s New Freedom Commission’s language and goals were profusely included.
- Participation in the development of the Peer Support Training Curriculum and ongoing advocacy for Peer Support.
- Invitation to give input, as well as encourage input from other stakeholders, to the Seattle Regional Office Centers for Medicaid and Medicare Services Review.
- Reception of the MHBG Review Team at the April 2005 MHPAC meeting. The exit interview and final report articulate multiple compliments about MHPAC involvement in the state mental health system.
- Support of the use of Evidence Based Practices (EBPs). All MHPAC reviews of MHBG proposals, the Strategic Plan, RSN contracts, etc., are made with EPBs in mind.
- Co-sponsorship of an Americans with Disabilities Act (ADA) celebration with several other federally mandated state councils.
- Collaboration with MHD through regular meetings on policy and implementation ideas.
- Inclusion of the MHPAC on the MHD Organizational Chart.
- Establishment of annual awards for exceptional service to children and older adults. This year’s annual Stakeholder meeting will provide three awards for these services within the ethnic/cultural community.

- Involvement in the interview panel to hire a new MHD Director.
- Participation in relationship building with all areas of state services including a planned visit by the new DSHS Secretary, Robin Arnold-Williams.
- Fulfillment of all of the MHPAC's duties and membership requirements mandated by law.

If you are interested in becoming a member of MHPAC or one of its subcommittees, please click on [Documents](#) and select MHPAC Forms. Applications may be submitted to Brownyn Vincent at [VinceBV@DSHS.WA.GOV](mailto:VinceBV@DSHS.WA.GOV)